



Canada Student Loan &/or Millennium Bursary Application for Full-Time Study

(Formulaire disponible également en français)

Student Financial Assistance
Advanced Education Branch
Government of Yukon
Box 2703
Whitehorse, Yukon Y1A 2C6
Phone: 867-667-5929 Fax: 867-667-8555
www.education.gov.yk.ca/advaneded/sfa

CHECK TYPE OF ASSISTANCE YOU ARE APPLYING FOR

- Canada Student Loan Maximum (\$210 x # of weeks of program)
- Canada Student Loan Specific Amount \$ _____
(Not to exceed \$210 x # of weeks of program)
- Canada Millennium Bursary Only
I do not require the Canada Student Loan
(Refer to Section 15 of this application)

Note: Canada Student Loan applicants will automatically be assessed for the Canada Millennium Bursary

INSTRUCTIONS TO STUDENT:

- APPLICATIONS MUST BE FILLED OUT IN INK. PLEASE PRINT CLEARLY
- Completed applications should be returned to the above address.
- Please refer to our "Student Financial Assistance" booklet or call our office for clarification on any of our programs.

Your application is not considered complete unless all applicable sections are completed and all required documentation is attached or submitted. Incomplete applications will be returned which may cause delays or missed deadlines.

SECTION 1 - PERSONAL INFORMATION

Last Name: _____ Given Name: _____ Middle Initial: _____

Social Insurance Number: _____

Permanent Mailing Address
(T4A will be sent here)

Mailing Address While Attending School
(Do not use institution address other than for residence)

Address

Address

Extra line for address

Extra line for address

City Prov/Terr/State

City Prov/Terr/State

Country Postal Code/Zip Code

Country Postal Code/Zip Code

(_____) _____
Telephone

(_____) _____
Telephone

E-Mail (will be used to communicate on incomplete applications)

E-Mail (will be used to communicate on incomplete applications)

SECTION 1 - PERSONAL INFORMATION (cont'd)

Gender: Female Male Date of Birth: |_____| |_____| |_____|
Year Month Day

Place of Birth: |_____| |_____| |_____|
City Territory/Province/State Country

Canadian Resident From: |_____| |_____| (do not leave blank) If born in Canada put year and month of birth
Year Month

Yukon Resident From: |_____| |_____| To |_____| |_____| If you have ever left the Yukon for more than 12 consecutive
Year Month Year Month months enter your most recent return date

At the time of this application I am: Single Single Parent Married Common Law
(living together 1 year or more)

At the time of this application I am: Canadian Citizen
 Landed Immigrant (Copy of Confirmation of Permanent Residence must be attached)
 Protected Person (Copy of Protected Person Status Document must be attached)

Next of Kin: (e.g. father, sister, etc. do not use your spouse or your children as next of kin):

|_____| |_____|
Last Name Given Name

|_____| |_____|
Address Extra line for address

|_____| |_____|
City Prov/Terr/State

|_____| |_____|
Country Postal Code/Zip Code

Optional for Statistical Purposes Only: The information is used to improve Advanced Education Programs and Services.

Aboriginal people are persons in Canada who consider themselves to be Status, Non-Status, Inuit, Metis and/or a Beneficiary.

Do you consider yourself to be an aboriginal person? Yes No

If YES, please mark the applicable box: Status Non-Status

Are you a citizen of a Self Governing First Nation? Yes No

If YES, please indicate which First Nation: |_____|

Do you consider yourself as having a disability? Yes No

Do you consider yourself a member of a visible minority group? Yes No

SECTION 2 - RESIDENCY INFORMATION

Give a complete breakdown of where you were physically living for the 2 years immediately prior to the start of your classes for this academic year. **Show separately the periods you were in school and not in school.**

From		To		City	Territory/Province/State	Country	I was in School		
Year	Month	Year	Month				Ftime	Ptime	No
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3 - STUDENT'S DEPENDENTS (if applicable)

Please list your dependent(s).

Last Name, First Name	Age	Relationship to You	Lives With		Shared Custody		Attending Post Secondary	
			Yes	No	Yes	No	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you share custody of your dependent(s) when do they live with you? _____

SECTION 4 - PROGRAM INFORMATION FOR THIS SCHOOL YEAR

The information you will be providing below is for an entire academic school year. You have to apply yearly if you are continuing your studies.

Name of Institution: _____

Campus, if applicable: _____

City Prov/Terr/State

Country

Student Identification Number: _____

Name of Program: _____
(i.e. Science, Geography, Engineering, Upgrading, etc.)

What type of program are you taking:

- Certificate (normally 1 year duration)
- Diploma (normally 2 year duration)
- Under-graduate degree (normally 4 year duration)
- Masters/Graduate
- Doctoral

How many years is your program? (i.e. 1, 2, 3, 4 or 5 year duration)

Current year of program you are entering? (i.e. 1st year of a 2,3 or 4 year program)

How is your program divided:

- Quarters (3 months)
- Semesters (4 months)
- Other, explain _____

For this school year my classes start on: _____ and finish on: _____ (include exam dates)
Year Month Day Year Month Day

Are you taking this program by correspondence? Yes No

Is part of your program a co-op/work/practicum term? Yes No

Co-op/Work/Practicum dates: From: _____ To: _____
Year Month Year Month

Will you be paid during this co-op/work/practicum term? Yes No
(If you answered yes, you must provide your income for this term at section 10)

SECTION 5 - CANADA STUDENT LOAN CATEGORY

Have you received a previous Canada Student Loan? Yes No

If yes, indicate from which province or territory you received this loan: _____

For Canada Student Loan at the start of my classes, I am classified as a: (check one applicable box)

- Single Independent Student - I have been out of secondary school for 4 years at the start of my classes, Or
 - I have been working or seeking work for 24 months prior to the start of classes, Or
 - I am a permanent ward of a family services agency (provide verification from agency), Or
 - My parents are deceased and I have no guardian/sponsor.
- Single Dependent Student - I have not been out of secondary school for 4 years at the start of classes, Or
 - I have not been working or seeking work for 24 months prior to the start of classes, Or
 - I am not a permanent ward of a family services agency, Or
 - My parents/guardians are living.
- Married/Common-law Student - I am part of a family unit with a spouse.
- Single Parent Student - I am part of a family unit, which includes children but no spouse.

SECTION 6 - PREVIOUS EDUCATION HISTORY

Name of high school you last attended: _____

 City Territory/Province/State Country

Date you left high school: _____ Last grade completed: _____
 Year Month

Check the box that best describes your highest education you have attained:

- High School Graduate College Diploma University Undergraduate Degree Masters Degree
- Some High School Some College Some University Undergraduate Doctorate Degree

Name of Post-Secondary Institutions Attended	Program	From		To	
		Year	Month	Year	Month
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SECTION 7 - STUDENT ACCOMMODATION

PRE-STUDY PERIOD ACCOMMODATIONS

Pre-study period is defined as the 4 months prior to the month that your classes start even though you were attending full-time post-secondary studies during this period. (e.g. if your classes start in Sept your pre-study period is May-Aug)

Except: If you were in school during a portion of this 4 month period, then your pre-study period would be the time between the end of high school, college or university and the start of your classes this academic year.

During the pre-study period:

I am/was living at my parent's home. I paid \$_____ Room and Board (total amount for pre study period)

I am/was living on my own. I own my home Yes No

Indicate which city and province you were residing in during the pre-study period.

City: |_____| Territory/Province: |_____|

Is your home within a zone that is covered by a bus service? Yes No

If no, how far is it between your home and work place or school? |_____| (km one way)

STUDY PERIOD ACCOMMODATIONS

Where will you be living during your study period.

I will be/am living at my parent's home. I will pay/have paid \$_____ Room and Board (total amount for study period)

I will be/am living on my own. I own my home Yes No

Indicate which city and province you will be/are residing during your study period

City: |_____| Territory/Province: |_____|

Is your home within a zone that is covered by a bus service? Yes No

If no, how far is it between your home and the institution you are attending? |_____| (km one way)

SECTION 8 - STUDENT EMPLOYMENT

Pre Study Period employment status: (check all that apply to you):

- I was unemployed during the pre-study period because of family responsibilities. (Please attach explanation)
- I was unemployed during the pre-study period for such medical reasons (Please provide a doctor's certificate)
- I was unemployed during the pre-study period. (Please attach explanation)
- I was in school full-time.
- I was employed during the pre-study period. Please complete the following:

Job 1

Employer or EI: |_____|

City: |_____| Terr/Prov: |_____|

Start date: |____| |____| |____|
Year Month Day

End Date: |____| |____| |____|
Year Month Day

Hourly Rate (Biweekly for EI): \$ _____ .00

Average hours worked per week: |____|

Job 2

Employer or EI: |_____|

City: |_____| Terr/Prov: |_____|

Start date: |____| |____| |____|
Year Month Day

End Date: |____| |____| |____|
Year Month Day

Hourly Rate (Biweekly for EI): \$ _____ .00

Average hours worked per week: |____|

If more than 2 employers during your pre-study period list information on a separate sheet.

SECTION 9 - PRE-STUDY AND STUDY PERIOD EXPENSES

Enter the total estimated or actual costs that you will incur during your entire pre-study and study period.

Pre-study period is defined as the 4 months prior to the month that your classes start even though you were attending full-time post-secondary studies during this period. (e.g. if your classes start in Sept your pre-study period is May-Aug)

Except: If you were in school during a portion of this 4 month period, then your pre-study period would be the time between the end of high school, college or university and the start of your classes for this academic year.

Tuition/compulsory fees must be entered even though another agency or government is paying for these items on your behalf.

	Pre-Study Period CDN \$	Study Period CDN \$
Tuition and compulsory fees (do not include residence fees)		\$ _____ Do not leave blank
Books and supplies (expendable supplies: e.g. books, pencils, pens, typing & photocopying services, etc.)		\$ _____ Do not leave blank
Goods of Lasting value (e.g. tools, equipment, and computers - <u>documentation is required in the form of a receipt or an estimate from a store or your institution</u>)		\$ _____
Child Support (<u>supporting documentation required</u>)	\$ _____ (monthly)	\$ _____ (monthly)
Alimony Support (<u>supporting documentation required</u>)	\$ _____ (monthly)	\$ _____ (monthly)
Day care Costs (include your cost and subsidy coverage)	\$ _____ (monthly)	\$ _____ (monthly)
Disabled Care Expenses (<u>supporting documentation required</u>)	\$ _____ (monthly)	\$ _____ (monthly)
Medical/Dental/Optomety (expenses covered under an insurance plan are not eligible expenses)	\$ _____	\$ _____
Full-time or Part-time Student Loan Payments:		
<input type="checkbox"/> Federal	\$ _____ (monthly)	\$ _____ (monthly)
<input type="checkbox"/> Provincial	\$ _____ (monthly)	\$ _____ (monthly)
Other, please specify _____	\$ _____	
_____		\$ _____

NOTE

Shelter/rent, food, miscellaneous, local and return transportation expenses are pre-set by the Canada Student Loan program which is derived from a national database. These expenses are based on a moderate standard of living depending on your living situation and the region where you will be studying in Canada. The costs will automatically be applied to your assessment according to your eligibility. If you are studying outside Canada, you will be assessed costs based on your official residence in Canada.

SECTION 10 - STUDENT'S INCOME INFORMATION

Enter your total gross income that you received or will receive for the entire assessment period. Assessment period is the pre-study and study period combined.

Pre-study period is defined as the 4 months prior to the month that your classes start even though you were attending full-time post-secondary studies during this period. (e.g. if your classes start in Sept your pre-study period is May-Aug)

Except: If you were in school during a portion of this 4 month period, then your pre-study period would be the time between the end of high school, college or university and the start of your classes for this academic year.

Type of Income	Not Applicable	Pre-study period (4 mths prior)	Study Period
Employment income (for unincorporated businesses: gross revenue minus operating expenses)	<input type="checkbox"/>	\$ _____	\$ _____
Employment Insurance (EI)	<input type="checkbox"/>	\$ _____	\$ _____
Canada Pension/Disability or Orphan's Benefit Plan	<input type="checkbox"/>	\$ _____	\$ _____
Worker's Compensation	<input type="checkbox"/>	\$ _____	\$ _____
Social Assistance (First Nations or other Gov'ts)	<input type="checkbox"/>	\$ _____	\$ _____
Child Care Subsidy	<input type="checkbox"/>	\$ _____	\$ _____
Child Support	<input type="checkbox"/>	\$ _____	\$ _____
Alimony Support	<input type="checkbox"/>	\$ _____	\$ _____
Canada Employment Training Allowance (HRDC)	<input type="checkbox"/>	\$ _____	\$ _____
Dept. of Indian Affairs (DIA)	<input type="checkbox"/>	\$ _____	\$ _____
First Nations educational funding	<input type="checkbox"/>	\$ _____	\$ _____
Education Trust Fund/RESP: Specify: _____	<input type="checkbox"/>		\$ _____
Scholarships/bursaries/fellowships/etc.: Specify: _____	<input type="checkbox"/>		\$ _____
Scholarships - Merit based (i.e. marks, etc.): Specify: _____	<input type="checkbox"/>		\$ _____
Other Gov't non-repayable grants/bursaries, etc.: Specify: _____	<input type="checkbox"/>		\$ _____
Other: Specify: _____	<input type="checkbox"/>	\$ _____	\$ _____

If you have indicated above that another agency/government will help pay for your educational costs complete the breakdown of your assistance.

Tuition & Compulsory Fees	\$ _____
Books & supplies	\$ _____
Living expenses	\$ _____
Transportation	\$ _____

SECTION 11 - ASSETS (your spouse's assets must be included if applicable)

In addition to contributions from income, you are also assessed a contribution based on the financial assets and vehicles registered in your name or your spouse's name (if you are married or common-law). Your assets are valued as of the first day of the month of your pre-study period.

Pre-study period is defined as the 4 months prior to the month that your classes start even though you were attending full-time post-secondary studies during this period. (e.g. if your classes start in Sept your pre-study period is May-Aug)

Except: If you were in school during a portion of this 4 month period, then your pre-study period would be the time between the end of high school, college or university and the start of your classes for this academic year.

Vehicle Assets

Do you and your spouse (if applicable) own or lease vehicles, motorcycles or recreational vehicles? Yes No

If yes, list all vehicles that are registered in your name and if applicable your spouse's name at the beginning of your pre-study period:

Make of Vehicle	Model	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Financial Assets

Bank Accounts:

Do you and your spouse (if applicable) have chequing or savings accounts? Yes No

If yes, indicate the total of all account balances as of the value date for yourself and if applicable your spouse at the beginning of your pre-study period:

\$ _____ | as of |_____| |_____|
Year Month

Investments:

Do you and your spouse (if applicable) have any investments? Yes No

If yes, list all of investments separately for yourself and if applicable your spouse at the beginning of your pre-study period:

Types of investments to include are mutual funds, T-bills, Canada/Provincial savings bonds, etc.

Investment type	RRSP		Current Market Value	Ownership	
	Yes	No		Self	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

If your spouse is claiming ownership of some or all RRSP, what year did your spouse leave high school? |_____|
(this is required to establish the appropriate deductions for the spouse) Year

If you are claiming RESP as investments and are also claiming that you are using some of your RESP for this academic year under section 10, the above amount should reflect the difference of your total RESP investments and the amount you are using this year.

SECTION 12 - SPOUSE'S INFORMATION (if applicable)

The information required below relates to your spouse's employment during your pre-study and your study period. Your spouse must complete and sign this section.

Pre-study period is defined as the 4 months prior to the month that the applicant's classes start even if he/she was attending full-time post-secondary studies during this period. (e.g. if his/her classes start in Sept then pre-study period is May-Aug)

Except: If the applicant was in school during a portion of this 4 month period, then his/her pre-study period would be the time between the end of high school, college or university and the start of his/her classes for this academic year.

- I will be/am unemployed during the pre-study period because of family responsibilities. (attach explanation)
- I will be/am unemployed during the pre-study period for such reasons as illness, injury, etc. (provide a doctor's certificate)
- I will be/am unemployed during the pre-study period. (You must demonstrate that you were actively seeking employment during this period. In order to have the spousal contributions waived, you must provide 5 letters from employers that have denied you employment).
- I will be/am employed during the applicant's pre-study period.

List the Employer or Income source (EI, Social Asst, Funding agency, etc.)	Month To/From	City	Terr/Prov/ State	Total Gross Amount (before deductions)
_____	____/____	_____	_____	\$ _____
_____	____/____	_____	_____	\$ _____

- I will be/am in school full-time post-secondary during the applicant's pre-study period.

Indicate the dates you are or will be attending: From: _____ To: _____
Year Month Day Year Month Day

STUDY PERIOD (period when the applicant is in school)

- I will be/am unemployed during the study period because of family responsibilities. (attach explanation)
- I will be/am unemployed during the study period for such reasons as illness, injury, etc. (provide a doctor's certificate)
- I will be/am unemployed during the study period. (You must demonstrate that you were actively seeking employment during this period. To waive spousal contributions, provide 5 letters from employers that have denied you employment).
- I will be/am employed during the applicant's study period.

List the Employer or Income source (EI, Social Asst, Funding agency, etc.)	Month To/From	City	Terr/Prov/ State	Total Gross Amount (before deductions)
_____	____/____	_____	_____	\$ _____
_____	____/____	_____	_____	\$ _____

- I will be/am in school full-time post-secondary during the applicant's study period.

Indicate the dates you are or will be attending: From: _____ To: _____
Year Month Day Year Month Day

- Will you be applying for Canada Student Loan assistance? Yes No

Will you be living with your spouse during his/her study period? Yes No

Is your home within a zone that is covered by a bus service? Yes No

If no, how far is it between where you live and where you work or study? _____ (km one way)

I declare that the information submitted in this form is correct to the best of my knowledge. I make this declaration knowing that it is an offence under the *Canada Student Loans Act* to knowingly make any false statement or misrepresentation in this application or other documents or to willfully furnish any false or misleading information.

I declare that the designated authority for the Yukon Territory has my authorization to obtain, as required, any information relating to my income, and hereby consent to the release of information in support of this application.

I agree that information pertaining to this application may be shared with other funding agencies.

Signature: _____ Social Insurance No.: _____

Print Name: _____ Date: _____
Year Month Day

SECTION 13 - PARENT/LEGAL GUARDIAN INFORMATION (for dependent students)

The province/territory of residence for a single dependent student is that in which the parent(s) has most recently lived or maintained the family home for a period of at least 12 consecutive months. If your parent(s)/legal guardian(s) lived in the Yukon, please have them complete the following. A contribution from your parent(s)/legal guardian(s) will be assessed based on family income and size. If your parents(s)/legal guardian(s) are separated/divorced please have the parent(s)/legal guardian(s) that you live with or would normally live with complete the following:

	1 st Parent Information	2 nd Parent Information
Last Name:	_____	_____
Given Name:	_____	_____
Previous Year's Income:	\$ _____	\$ _____
Previous Year's Income Tax Paid:	\$ _____	\$ _____
Permanent Mailing Address:	_____	

City:	_____	
Prov/Terr/State:	_____	Country: _____
Postal / Zip Code:	_____	Telephone: (_____) _____

Give a complete breakdown of where you were physically living for the 2 years immediately prior to the start of your child's classes for this academic year.

	From	To	City	Territory/Province/State	Country
	Year	Month	Year	Month	
			_____	_____	_____
			_____	_____	_____

List of dependent children including applicant living with you:	Name (Last,First)	Age	Relationship to You	Residing		Shared		Attending	
				With You		Custody		Post-Secondary	
				Yes	No	Yes	No	Yes	No
	_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If shared custody when do your dependents live with you? | _____ |

We require a copy of your income tax summary from Revenue Canada or a copy of your income tax form from the previous year. If either of you were unemployed, please indicate other means of income support you are receiving and include supporting documentation.

- I/We declare that the information that I/we submitted in this form is correct to the best of my/our knowledge. I/We make the declaration knowing that it is an offence under *Canada Student Loans Act* to knowingly make any false statements or misrepresentation in an application or other documents, or willfully furnish false or misleading information.
- I/We also understand that signing this form verifies that the information provided is accurate and that I am/we are not co-signing a loan on behalf of the applicant.

_____	_____
Signature of 1 st Parent	Signature of 2 nd Parent

Date:	
Year Month Day	Year Month Day

SECTION 14 - SUMMARY OF DOCUMENTATION THAT MUST BE SUBMITTED

This summary is to assist in helping you make sure that proper documentation is attached to this application, on its way or is not applicable to you. Your application will not be assessed until proper documentation is received.

On its way Attached Not Applicable

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you are a permanent ward of a family services agency, you must attach supporting documentation from the agency. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you are a Landed Immigrant you must attach a copy of your Confirmation of Permanent Residence. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you are a Protected Person you must attach a copy of your Protected Person Status Document. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If your spouse was unemployed during the pre-study or study period and you would like to have the spousal contributions waived, you must attach 5 letters from employers that have denied her/his employment. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you are paying child support, you must attach supporting documentation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you are paying alimony, you must attach supporting documentation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you are under the care of legal guardians, please provide a copy of guardianship. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you are considered a dependent student under the Canada Student Loan program, you must attach a copy of both your parents/legal guardians income tax summaries or income tax returns from the previous year. If your parents are separated or divorced, attach the required documentation only from the parent you normally live with. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you are considered a dependent student under the Canada Student Loan program and one or both of your parents/legal guardians were unemployed, you must attach supporting documentation of other means of income. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you have purchased or will be purchasing "Goods of Lasting Value", you must attach a receipt or 2 estimates from a store or your institution. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you have received a Canada Student Loan since August 1 st , 1995 through the Yukon Territory, you must attach a copy of your income tax summary or income tax return from the year your last full-time loan was issued. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you have received a Canada Student Loan since August 1 st , 1995 through the Yukon Territory, and you were married or common-law at the time, you must attach a copy of your spouse's income tax summary or income tax return from the year your last full-time loan was issued. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you have received a Canada Student Loan since August 1 st , 1995 through the Yukon Territory and you are applying for Canada Student Loan this year, you must attach an Official Transcript of marks from the institution, for the year your last full-time loan was issued. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If you are applying for the Canada Millennium Scholarship only , you must attach Official Transcripts of Marks indicating successful completion of 60% of a full year of previous post-secondary education. This may be done over a period of time and not just in one academic year. Deadline date for receipt of an official transcript for September intake is October 15th and the January intake February 15th. You must be taking a minimum 8-month program. |

If you have checked one of the above boxes indicating that an official transcript will be sent and the statement below applies to you, please mark the box:

- The official transcript that is required for this application will be/has been submitted with my Yukon Grant application.

SECTION 15 - OTHER PROGRAMS THAT ARE LINKED WITH THE CANADA STUDENT LOAN PROGRAM

PART-TIME CANADA STUDENT LOAN AND GRANT

Students studying between 20 and 59% of a full course load, the life-time maximum part-time loan available per year is \$4,000.00. A Canada Study Grant of up to \$1,200 per year may also be available to you depending on your reasons for studying part-time. **A separate application is required to apply for a part-time loan or grant.**

CANADA STUDY GRANT FOR THE ACCOMMODATION OF STUDENTS WITH PERMANENT DISABILITIES

A Canada Study Grant to cover exceptional education related costs associated with certain disabilities up to a maximum of \$8,000 per year is offered by the Canada Student Loan program. Students with permanent disabilities need to enrol in a minimum 40% course load to be eligible to apply for assistance for full-time study. This grant is also available to students who are in part-time study. If you are unable to repay your loan because of your disability, the Federal Government may pay it back on your behalf. **To apply for a grant for students with permanent disabilities, please obtain and complete Schedule A. This schedule will form part of this application.**

CANADA ACCESS GRANT FOR STUDENTS WITH PERMANENT DISABILITIES

A Canada Access Grant for student with permanent disabilities with high need to cover expenses related to tuition, accommodation and books as well as other education-related costs to a maximum of \$2,000.00 per year. This Grant is awarded after the maximum amount of available federal loan has been allocated and will automatically be assessed when applying for a Canada Student Loan.

CANADA ACCESS GRANT FOR STUDENTS FROM LOW-INCOME FAMILIES

A Canada Access Grant for students from low-income families is available to students who are eligible for Canada Student Loans. This grant is awarded to students whose parental income falls below established income thresholds and covers 50% of their tuition up to a maximum of \$3,000.00 without exceeding their federal assessed assistance. The grant will automatically be assessed when applying for a Canada Student Loan.

CANADA STUDY GRANT FOR WOMEN IN DOCTORAL STUDIES

A Canada Study Grant for women in doctoral studies in certain fields of full-time study is available up to \$3,000.00 per year. The Canada Student Loan program offers this grant to a maximum of 3 years of unmet need. Students must have successfully completed their previous year of post-secondary education. **To apply for a grant for women in doctoral studies please obtain and complete Schedule B. This schedule will form part of this application.**

CANADA STUDY GRANT FOR STUDENT WITH DEPENDENTS

The Canada Study Grant for Students with Dependents is a program for students with dependents with demonstrated need to assist them in their education costs offered by the Canada Student Loan program. If your assessed need results are in excess of \$275.00 per week, a grant is automatically assessed when you apply for the full-time or part-time Canada Student Loan. This Grant is awarded after the maximum amount of available federal loan has been allocated. Students with one or two dependents receive \$40 per week of study. Students with three or more dependents receive \$60 per week of study. The maximum allowable under this program is \$3,120 per year.

CANADA MILLENIUM BURSARY

The Canada Millennium Scholarship Foundation was created by the Federal Government to oversee over a ten year period the objects and purposes of providing these bursaries. Bursaries of up to \$3,000.00 are granted to Canadian students starting January 2000 who have demonstrated financial need. Students who are applying for the bursary based on financial need, must have successfully completed a full year of post-secondary education prior to being considered for the financial needs-based bursary. To be considered for this bursary all applicants must complete an application for Canada Student Loan but are not required to take the loan portion. Deadline date for receipt of complete applications for the bursary is October 15th for September intake and February 15th for January intake. Program must be 8 months duration. If you have been selected as a recipient of this bursary you will receive a letter from the CMS Foundation. To receive this bursary you must complete your first term in good standing and must be registered full-time for the second term. Cheques will be mailed to your financial aid office for pick-up.

SECTION 16 - STUDENT DECLARATION AND CONSENT

IMPORTANT – READ CAREFULLY AND SIGN IN INK

This information is being collected under the authority of the *Yukon Student Financial Assistance Act* and *Canada Student Loans Act* and respective regulations for the purpose of administering territorial, federal or other student loan and grant programs. This would include determining eligibility, sharing information with other agencies as required and establishing related databases. For further information please contact or direct inquiries to the Student Financial Services Officer at (867) 667-5929 or visit our office at the Education Building, 1000 Lewes Blvd., Whitehorse, Yukon.

I hereby authorize Human Resources Development Canada to release information to the Student Financial Assistance Unit about my Employment Insurance Claim, employment related issues and/or training related income support that I may be receiving.

I also hereby authorize agencies, government departments, institution's financial aid/fees/registrar's/student accounts offices to which I am attending fulltime to release information relating to this application, and the funding for which I have applied.

I also hereby authorize the Student Financial Assistance Office of the Government of Yukon to obtain information about my credit history, including a complete report, from a consumer-reporting agency or financial institution for the purpose of determining whether I am eligible for a Canada Student Loan.

I also understand that it is my responsibility to provide accurate financial information on this application form. If the financial information I provide is inaccurate this may result in an over-award. This over-award will be recovered on future approved loans. I also understand that if this loan is approved, I must pay it back within the prescribed time and agree to all conditions of the loan agreement.

I agree that information pertaining to this application may also be shared with other funding agencies relating to this application and the funding for which I have applied, and potential employers (employers would receive your name, mailing address and information pertinent to the job only).

I make this declaration conscientiously believing that the information above is true and correct, and knowing that it is of the same force and effect as if made under oath. I understand that false or misleading information in relation to this application constitutes an offence pursuant to the provisions of the Criminal Code of Canada. I understand that it is an offence under *Canada Students Loans Act* to receive assistance from more than one province or territory.

Date |_____|_____|_____| Signature: _____
 Year Month Day

Print Name: _____

NOTE: YOU MUST CONTACT YOUR LENDER TO MAKE ARRANGEMENTS FOR REPAYMENT WITHIN SIX MONTHS OF COMPLETION OF YOUR PROGRAM OR IF YOU CEASE TO BE A FULL-TIME STUDENT.

IMPORTANT

If you are attending post-secondary education outside of Yukon, you must inform the Yukon Health Care Insurance office for your health care coverage that you are temporarily leaving the Yukon for educational purposes. A temporary absence form is at the back of this application for your convenience.

IMPORTANT

STUDENTS ATTENDING POST-SECONDARY EDUCATION OUTSIDE OF YUKON

If you are planning to further your education outside of the Yukon you remain eligible for physician and hospital benefits under the Yukon Health Care Insurance Plan and Hospital Insurance Services Plan.

To continue to receive physician and hospital health care coverage while out of the territory you must:

- be in full time attendance at a university or other recognized educational institution;
- intend to return to the Yukon Territory permanently upon completion of your studies;
- submit a “Temporary Absence” form for approval prior to your original date of departure and for each year you are absent;
- submit a “Letter of Explanation” if you do not plan to, or cannot, return home at least once per year;
- **contact the Health Services Branch upon your return to the Yukon - failure to do so may result in the cancellation of your health care coverage.**

However, there are limitations to your coverage. Your benefits under the Travel for Medical Treatment Program cease on the day you leave the territory (**including ambulance services**). If you are registered on the Chronic Disease Program you may be reimbursed for the cost of drugs when you submit original paid receipts upon returning to the territory if you have maintained your Yukon health care coverage for the duration of your absence.

We strongly advise that you purchase additional Health Care Insurance while out of the Yukon.

ATTENDING EDUCATIONAL INSTITUTIONS IN CANADA

Regardless of the province or territory in which you attend school, insured hospital and physician services are 100% covered. If you see a physician or are hospitalized, the bills for your expenses will be charged back to the Yukon for payment under the terms of the Inter-provincial Reciprocal Billing Agreement. (Note: Quebec is not part of the Inter-Provincial Reciprocal Billing Agreement and physicians/hospitals may want payment at the time the service is provided. These expenses will be reimbursed to you on submission of paid receipts.) You are responsible for any service or treatment received that is not insured under the Yukon Health Care Insurance Plan.

ATTENDING EDUCATIONAL INSTITUTIONS OUTSIDE OF CANADA

Coverage of insured hospital and physician’s services is limited to the maximum amount that would be paid to receive that same service in the Yukon. Most out of country health care providers will require that payment be made at the time services are provided. Reimbursement is issued by Yukon Health Care Insurance on receipt of paid invoices. You are 100% responsible for any costs over the Yukon rate and for any service or treatment received that is not insured under the Yukon Health Care Insurance Plan.

Yukon Health Care Insurance Plan, P.O. Box 2703, Whitehorse, Yukon Y1A 2C6

Phone: (867) 667-5209

Fax (867) 393-6486



Yukon Health Care Insurance Plan
TEMPORARY ABSENCE FORM
Box 2703
Whitehorse, Yukon
Y1A 2C6

Information is being collected under the authority of the Health Care Insurance Plan Act for the purpose of determining program eligibility. Queries should be directed to Registration at 667-5209 or toll free 1-800-661-0408, or in writing at H-2, Box 2703, Whitehorse, Yukon Y1A 2C6.

YHCIP no. _____ Leave date _____

Return date _____

Name _____ Yukon address _____

Reason for absence _____ Yukon telephone no. _____

Temporary address _____

Signature _____

Received by _____ Entered _____

MUST HAVE A YUKON ADDRESS AND RETURN DATE

RETURN FROM TEMPORARY ABSENCE

Date Returned _____ Change of address _____

Signature _____

Received by _____ Entered _____